

Mental Health Evaluation and Counseling Services

Rhode Island Department of Children, Youth and Families

Policy: 700.0010

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The Department utilizes a variety of specialized clinical resources to provide necessary mental health services to the children and families which it serves.

A mental health evaluation can assist in planning for a child in the care of the Department. Information derived from a mental health evaluation can aid in planning for permanency, establishing eligibility for services, and supporting legal action. The Department provides resources to obtain a psychological evaluation or a clinical assessment which may include a psychiatric evaluation.

- A psychological evaluation consists of testing and interpretation to determine the intellectual functioning of the individual. Three (3) types of tests are administered and interpreted:
 - Cognitive testing to determine a functional level
 - Projective testing to identify emotional need areas and/or to clarify a diagnosis
 - Developmental testing to identify delays in young children
- Some psychologists will also conduct a structured interview prior to testing in order to reach a tentative diagnosis. Psychological testing should not be administered more frequently than once in eighteen (18) months.
- A clinical assessment provides diagnostic information and recommendations regarding the Department's intervention. A psychiatric evaluation is performed, usually as part of a clinical assessment, by a psychiatrist (M.D.). This evaluation includes diagnosis and a treatment recommendations including medication and placement.

Mental health counseling is utilized to provide specialized clinical services in the treatment of physically or sexually abused children, physically or sexually abusive parents, emotionally disturbed children, and family problems.

Resources exist within and outside of the Department to provide mental health services. Mental Health professionals within the Division of Juvenile Correctional Services (JCS) provide a variety of mental health evaluation services to children and youth served by Probation, the Detention Center (awaiting trial), and the Rhode Island Training School (RITS). Counseling services are available to residents of the RITS and occasionally to youth active in Probation who are in need of treatment through the sex offender program. Mental health evaluation and counseling services are often acquired outside of the Department for youth active in Probation. All mental health evaluation and counseling services for children and youth active within the divisions of Child Protective Services (CPS) and Family Services are acquired outside of the Department.

The Department provides funding for mental health services when these services are necessary to assist the child and/or family in attaining the case plan goal and alternate funding sources are not available. Criteria for approval of practitioners in the field of child and adolescent mental health is outlined within the attached Addendum I, Criteria for Approval of Practitioners.

The Authorization For Support Services (DCYF #005) process is utilized to obtain approval for funding for mental health services in all situations. In some cases, the Department pays the service provider directly for the approved services. In other situations, the Rhode Island Medical Assistance (MA) program provides funding for services through the Department of Human Services (DHS), the agency which administers the MA program.

MA funded mental health services are only available to children and youth who are MA eligible and who are enrolled in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. MA is the preferred method of payment for mental health services and must be utilized whenever possible. Some MA eligible clients, who are being serviced by the Department, will have legitimate mental health evaluation and counseling needs which are not covered by Medical Assistance and some clients are not eligible for MA funded services. The Family Court may order the Department to provide a service which cannot be funded through MA. In these cases, the Department will directly reimburse the provider for services which have been authorized.

Clients in need of specialized clinical services can be referred to community mental health centers, family service agencies, or private mental health professionals. If, however, the child is eligible for MA funded services, a DCYF approved service provider must be utilized (refer to Addendum II: Approved Service Providers). Any exception must be approved by the appropriate Regional/Assistant Director.

Allowances outlined within Addendum III: Fee Schedule are considered full payment for services. Payment for MA funded services will be made by DHS if the service is provided while the child is eligible for Medical Assistance. If the child loses eligibility during the course of approved services, the Department will provide funding for the pre-authorized services which were provided after the loss of MA eligibility. Policy 100.0155, Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines details provider billing procedures, documentation requirements, and treatment planning guidelines for MA funded mental health services.

Related Procedures and Addenda

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Mental Health Evaluation and Counseling Services

Procedure From Policy 700.0010: Mental Health Evaluation and Counseling Services

- A. Psychological Evaluation - Resources within and outside of the Department are available to provide psychological testing. The primary service worker can access the appropriate resource(s) in accordance with criteria listed below (Subsections 1 and 2 below):
 - 1. The Clinical Services Unit located within the Division of Juvenile Correctional Services will accept a referral to perform a psychological evaluation on a child under the age of twenty-one (21) who is being serviced by Probation, the Detention Center, or the RITS.
 - 2. A psychological evaluation of a child, who is not identified as being eligible for services in Subsection 1 above, or an adult for the purpose of supporting the provision of services or legal action (i.e. custody, termination of rights) may be obtained from the community. The primary service worker must request funding for this service through the DCYF #005 process. A maximum of five (5) evaluation sessions (one and one-half hours per session) are allowed for a full battery psychological evaluation.
- B. Clinical Assessment - The Department provides resources to obtain a clinical assessment which may or may not include a psychiatric evaluation. These services may be provided by Departmental staff for children and youth active within Juvenile Correctional Services. In most cases, the Department utilizes the service providers identified in Addendum II. On rare occasions, the services of a private clinician who is not associated with an approved agency may be authorized, when it is determined by Legal Counsel and/or the Regional/Assistant Director that the evaluation and testimony of that particular clinician is imperative for legal proceedings. Department staff determine the need for service using the following criteria and request authorization through procedures listed below:
 - 1. Clients Who May Be Eligible for Service:
 - a. Children in the care of the Department (ages 0-21).
 - b. Biological parents of children in the care of the Department.
 - c. Foster parents.
 - d. Pre-adoptive parents or legal guardians.
 - 2. Types of Situations:
 - a. The following situations may be appropriate for referral for clinical assessment:
 - (1) The degree of emotional disturbance of a child and/or family is an important factor in case planning.
 - (2) The ability of the parent to provide adequate parenting for the child is in question.
 - (3) There is a question regarding the appropriate treatment or placement due to suspected or indicated physical or sexual abuse.
 - (4) There is a question regarding the degree of depression or suicidal risk and, therefore, of appropriate placement.
 - b. A psychiatric evaluation, performed by a psychiatrist (M.D.) may be included in the clinical assessment for one of the following reasons:
 - (1) To confirm the presence or absence of a major psychosis.
 - (2) When the mental health professional responsible for completing the clinical assessment requests the consultation in a particularly complicated situation. In this instance psychosis may not be the issue; however, there is a question regarding parental competence or the child's safety.
 - (3) For Legal Reasons. To establish eligibility for mental health services for children and youth. To establish the existence of an

emotional/behavioral disturbance that requires special education. DCYF Legal Counsel states that an evaluation and testimony by an M.D. is needed for court.

3. Services Included in Clinical Assessment:
 - a. A maximum of two (2) evaluation sessions (one and one-half hours per session). Additional hours require justification and re-authorization.
 - b. A report of results which addresses all applicable areas outlined in Addendum IV: Guidelines For Clinical Assessment either written or authorized by an approved provider. The completed report should include the following, depending upon whether or not a psychiatric evaluation is part of the clinical assessment:
 - (1) A clinical assessment includes diagnostic information and recommendations for disposition.
 - (2) If a psychiatric evaluation is included in the assessment, the report should include diagnosis and treatment recommendations including medication and placement.
 - c. The service provider will inform the DCYF worker and/or supervisor if there appears to be a need for psychological evaluation. The worker will seek approval for this service.
 - d. Court appearances.
 - e. Consultation with a master's level clinician or psychiatrist.
 - f. The worker must include justification in the Description field of the DCYF #005 for referral to a vendor not listed in RICHIST.
- C. Counseling - The Department provides resources for accessing counseling services that are necessary in the treatment of children and families which the Department serves. Counseling services are usually initiated as a result of recommendations made in a mental health evaluation:
 1. Service Providers outside of the Department provide counseling services except for residents of the RITS and occasionally for youth active in Probation who are in need of treatment through the sex offender program:
 - a. In most cases, the Department utilizes approved agencies listed in Addendum II.
 - b. The worker must include justification in the Description field of the DCYF #005 for referral to a service provider who is not approved. A regional Director must provide approval for a non-MA funded service provider to be utilized for an MA eligible child.
 2. Authorization for twelve (12) sessions (one session per week) or twenty-four (24) sessions (two sessions per week) can be initially approved on the DCYF #005.
 3. During the course of counseling, the worker requests monthly progress reports from the provider unless there is an agreement for less frequent communication. Approval for less frequent contact is provided by the Unit Administrator.
 4. Re-authorization for the continuation of counseling may be approved through the DCYF #005 process for an additional twelve (12) or twenty-four (24) sessions. If there is a need for continuation of counseling, the service provider submits to the worker at least two (2) weeks prior to the completion of the originally authorized sessions:
 - a. Indication of the need and justification for continuation of counseling.
 - b. A written report which addresses, at a minimum, the areas outlined in Addendum V: Guidelines for Counseling Reports.
 5. Discharge Summary:
 - a. The worker confers with the service provider prior to termination of counseling services.
 - b. A written Discharge Summary from the provider must be received by the worker within thirty (30) days of discharge. The written report includes the areas outlined in Addendum V: Guidelines for Counseling Reports.

Medical Assistance (MA) Eligibility and Funding

Procedure From Policy 700.0010: Mental Health Evaluation and Counseling Services

- A. MA Eligibility - The worker determines if a child is eligible for MA funded services.
- B. Services Covered by MA - The following services can be provided for an MA eligible child or youth in the Department's care. The child or youth must be the focal point of the service. The parent(s) and/or other significant individual(s) may attend and be involved in the mental health service(s); however, the identified child or youth must always attend the session(s) for compliance with MA regulations. Services are provided by approved practitioners who are employed by approved agencies. Fee for service is made in accordance with MA approved rates:
 - 1. Mental Health Evaluation:
 - a. Up to two (2) ninety (90) minute evaluation sessions per clinician are allowed for an assessment.
 - b. The time and expertise of more than one clinician may be required (i.e., the expertise of a psychiatrist and a social worker).
 - c. The DCYF #005 must detail the components of the evaluation (e.g., practitioner(s) and fee(s)).
 - 2. Individual or Family Counseling/Psychotherapy:
 - a. A maximum of twelve (12) sessions (one session per week) or twenty-four (24) sessions (two sessions per week) can be approved at one time.
 - b. The duration of sessions can be either twenty (20)-thirty (30) minutes or forty (40)-fifty (50) minutes.
 - 3. Group Counseling/Therapy
 - a. A maximum of twelve (12) sessions (one session per week) or twenty-four (24) sessions (two sessions per week) can be approved at one time.
 - b. The duration of sessions can be forty (40)-fifty (50) minutes.
 - 4. Medication Treatment and Review.
- C. Services Not Covered By MA - The activities listed below, which are sometimes associated with evaluation and counseling services, are not covered by MA. If an activity is necessary and other sources of funding are not available (i.e., third party insurance, separate MA coverage for parent or caretaker, school department based on IEP, etc.), funding can be provided by the Department through the DCYF #005 process. Services are provided by approved practitioners. Fee for service is made in accordance with the approved Fee Schedule:
 - 1. Court appearances by a professional carrying out evaluation or counseling.
 - 2. Extended consult with Department staff.
 - 3. Writing formal reports for the Family Court.
 - 4. Evaluation and counseling services to the parent(s) or caretaker(s) of a child/youth when the child/youth is not the focus of service.

Request for Authorization

Procedure From Policy 700.0010: Mental Health Evaluation and Counseling Services

- A. The worker completes the DCYF #005 in accordance with Instructions for Completion: Authorization for Support Services (DCYF #005):
 - 1. A separate DCYF #005 must be completed for each service (i.e., clinical assessment, counseling).
 - 2. A separate DCYF #005 must be completed for each child receiving a separate service.
 - 3. If a service is being requested for a family at one fee, regardless of the number of family members involved, only one DCYF #005 is completed. The complete RICHIST number of the child most closely associated with the need for service must be indicated.
 - 4. If the service is MA funded, "MA" and "EPSDT" information is provided.
 - 5. "Type of Assistance" is either "Mental Health Counseling" or "Mental Health Evaluation".
 - 6. "Rate per Unit of Service" must indicate the fee, the length of the session(s), the type of practitioner(s) (i.e., MSW), and type of session (i.e., group, individual/family).
 - 7. If a combination of practitioners are performing the assessment, the clinicians (i.e., MSW, MD, etc.) can be listed in the Description field.
- B. The Unit supervisor reviews and approves the request and forwards to the Unit Administrator.
- C. The Unit administrator reviews and approves the request and forwards to the Regional/Assistant Director or designee for final approval. The signature of the Regional/Assistant Director or designee on the DCYF #005 serves as the Certification of Need for services, which is required by DHS for MA funding:
 - 1. If the request is approved, the Regional/Assistant Director or designee makes the initial verbal referral to the appropriate agency.
 - 2. If the request is denied, the DCYF #005 is rerouted to the Supervisory Unit.
- D. The office of the Assistant/Associate Director submits the approved DCYF #005 to the Division of Children's Mental Health Services for review.
- E. Worker incorporates copy of the DCYF #005 into the case record.
- F. Provider submits copy of the DCYF #005 for payment:
 - 1. When the service is MA funded, provider submits the DCYF #005 along with the appropriate MA billing form to DHS's Division of Medical Services; and
 - 2. When the service is funded directly through DCYF, provider submits the DCYF #005, including the to the DCYF Business Office.
- G. The provider is authorized to provide only service approved on the DCYF #005.

Worker/Provider Contact

Procedure From Policy 700.0010: Mental Health Evaluation and Counseling Services

- A. The worker is responsible to obtain proper releases of information from the client and to forward the information that is requested about the child and family to the service provider.
- B. The worker completes the Referral for Services (DCYF Form #146) and forwards to the provider with client information.
- C. The worker is responsible to monitor the quality and appropriateness of services through the required contacts and review of reports outlined within.

Addendum I: Criteria for Approval of Practitioners

Addendum to Policy 700.0010: Mental Health Evaluation and Counseling Services

Physician/Psychiatrist

A principal child mental health physician (MD) shall be a psychiatrist licensed to practice in the state of Rhode Island and currently certified by the American Board of Psychiatry and Neurology, or an equivalent body, as a child psychiatrist, or eligible for such certification.

A child mental health physician shall be a psychiatrist licensed to practice in the State of Rhode Island and currently certified by the American Board of Psychiatry and Neurology, or an equivalent body, and have at least two (2) years experience with children, adolescents, and family or be supervised by a principal child mental health physician.

Psychologist

A principal child mental health psychologist shall be currently licensed by the Rhode Island Board of Registration of Psychologists as a certified psychologist and have a minimum of two years supervised experience in the delivery of mental health services to children and adolescents.

A child mental health psychologist shall be currently licensed by the Rhode Island Board of Registration of Psychologists and shall be supervised by a principal child mental health psychologist.

Social Worker

A principal child mental health social worker shall have a master's degree in social work and shall be currently registered as an independent social worker pursuant to RI General Laws 5-39-1 et seq. and have a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

A child mental health social worker shall have a master's degree in social work and shall be currently registered as a social worker pursuant to RI General Laws 5-39-1 et seq. and have a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

Psychiatric Nurse

A principal child mental health psychiatric nurse shall be currently registered by the RI Board of Registration of Nurses and have a Master's degree in nursing and a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

A child mental health psychiatric nurse shall be currently registered by the R. I. Board of Registration of Nurses and have a Master's degree in nursing and shall be supervised by a child mental health psychiatric nurse.

Master's Level Clinician

A clinician with master's degree in education or human service field who is supervised by an Approved Practitioner (MSW, Ph.D, MD, MSN).

Advanced Social Work Student

A second year MSW student supervised by an Approved Practitioner (MSW, Ph.D, MD, MSN).

Addendum II: Medicaid Approved Service Providers

Addendum to Policy 700.0010: Mental Health Evaluation and Counseling Services

East Bay

East Bay Community Mental Health Center
2 Old County Road
Barrington, RI 02806
245-1750

Kent County

Kent County Community Mental Health Center
50 Health Lane
Warwick, RI 02886
738-4300

Tides Family Services
1599 Main Street
West Warwick, RI 02893
822-1360

Cranston, Johnston and Northwestern Rhode Island

Mental Health Services of Cranston, Johnston & Northwestern RI
1516 Atwood Avenue
Johnston, RI 02919
273-8100 or 273-8741

Rape Crisis Center
300 Richmond Street
Suite #205
Providence, RI 02903
421-4100

St. Mary's Home for Children
Shepard Program
420 Fruit Hill Avenue
North Providence, RI 02911
353-7101

Professional Counseling Associates
1200 Hartford Avenue
Johnston, RI 02919
861-0590

Northern Rhode Island

Northern RI Community Mental Health Center, Inc.
58 Hamlet Avenue
Woonsocket, RI 02895
766-3330

Woonsocket Family and Child Services
460 South Main Street
Woonsocket, RI 02895

766-0900

Blackstone Valley Psychological Institute
Marquette Plaza
Woonsocket, RI 02895
765-5100

Family Life Consultants Center for Counseling and Therapeutic Arts
958 Victory Highway
Slatersville, RI 02876
766-3225

Pawtucket/Central Falls
Community Counseling Center
160 Beechwood Avenue
Pawtucket, RI 02860
722-7855

Family Service Society of Pawtucket and Vicinity
33 Summer Street
Pawtucket, RI 02860
723-2124

Rhode Island Youth Guidance Center, Inc.
82 Pond Street
Pawtucket, RI 02860
725-0450

Providence
The Providence Center for Counseling and Psychiatric Services
520 Hope Street
Providence, RI 02906
274-2500

Groden Center
86 Mt. Hope Avenue
Providence, RI 02906
274-6310

Traumatic Stress Associates
839 North Main Street
Providence, RI 02904
331-2468

Adolescent, Child and Family Services
174 Irving Avenue
Providence, RI 02906
351-3580

Delta Consultants
294 Governor Street
Providence, RI 02906
421-1405

Pediatric Psychiatry and Psychology
Rhode Island Hospital

593 Eddy Street
Providence, RI 02903
277-8945

Governor Center for Child, Adult, and Family Therapy
295 Governor Street
Providence, RI 02906
456-8617

Family Services, Inc.
55 Hope Street
Providence, RI 02906
331-1350

Children's Friend and Service
2 Richmond Street
Providence, RI 02903
331-2900

Washington County
Washington County Community Mental Health Center
P. O. Box 899
Charlestown, RI 02813
364-7705

Mental Health Associates
88 Springdale Drive
Kingston, RI 02881
783-8734

Delta Consultants
South Kingstown Office Park
Salt Pond Road, Building D-4
Wakefield, RI 02879
789-3694 or 885-4225

South County Child and Family Consultants
1058 Kingstown Road, P.O. Box 301
Peacedale, RI 02883
789-1553

Child and Family Consultants
Lilly Pads Professional Center
23 North Road
Peacedale, RI 02883
782-4242

Stablewood Mental Health
R.D. 5, Ministerial Road
Wakefield, RI 02879
783-4960

Person to Person
23 Grove Avenue
P.O. Box 131
Westerly, RI 02891

596-3949

Newport County

Newport County Community Mental Health Center
65 Valley Road
Newport, RI 02840
846-1213

Child and Family Services of Newport County
24 School Street
Newport, RI 02840
849-2300

Howard I. Benesch, Ph.D. and Associates
2128 Main Road
P.O. Box 349
Tiverton, RI 02878
625-1431

\$ Addendum III: Fee Schedule

Addendum to Policy 700.0010: Mental Health Evaluation and Counseling Services

The Actual Fee Paid by Medicaid Will Be The Lower Of:

- a) the fee shown in this schedule.
- b) the agency's usual and customary charge.
- c) the fee paid by Medicare for the same service.

CHILD MENTAL HEALTH PHYSICIAN

Assessment - one and one half hours	\$110 per assessment
Individual minimum 40-50 minute visit	\$76 per visit
Individual minimum 15-20 minute visit	\$38 per visit
Group minimum 40-50 minute visit	\$38 per client per visit

CHILD MENTAL HEALTH PSYCHOLOGIST

Assessment - one and one half hours	\$99 per assessment
Individual minimum 40-50 minute visit	\$66 per visit
Individual minimum 15-20 minute visit	\$33 per visit
Group minimum 40-50 minute visit	\$33 per client per visit

CHILD MENTAL HEALTH SOCIAL WORKER

CHILD MENTAL HEALTH PSYCHIATRIC NURSE

MASTER'S LEVEL CLINICIAN (Supervised by Approved Practitioner)

SECOND YEAR MSW STUDENT (Supervised by Approved Practitioner)

Assessment - one and one half hours	\$67 per assessment
Individual minimum 40-50 minute visit	\$43 per visit
Individual minimum 15-20 minute visit	\$22 per visit
Group minimum 40-50 minute visit	\$22 per client per visit

Fee_Schedule

\$ Fee Schedule

§ Addendum IV: Guidelines for Clinical Assessment

Addendum to Policy 700.0010: Mental Health Evaluation and Counseling Services

The following are minimally accepted guidelines for clinical assessment of a DCYF referred client. At a minimum, the following applicable categories should be addressed in the written report.

In a case involving sexual abuse, physical abuse, or other trauma, additional areas indicated by an asterisk "*" must be addressed.

Reason for Referral: History, purpose of assessment/evaluation, questions to be resolved. Some of this information will have been provided by DCYF upon referral.

Presenting Problem: This information will be secured through provider interviews and interface with the child, adolescent and/or family. If the family is involved with other agencies that DCYF is not aware of, provider should indicate this.

History of Maltreatment: Specify whether physical, sexual, emotional abuse or neglect. Indicate frequency, duration and intensity, age of child at time of abuse, and gender identification issues (in cases of sexual abuse).

Medical History and Current Status - Child: Optional unless information is different from that forwarded by DCYF to provider.

Developmental History and Current Status - Child:

- How the type, duration, and severity of the abuse has adversely affected the child's developmental level
- The child's current developmental level of functioning
- The level at which the child should be functioning, given his/her chronological age
- Include a plan for enabling the child to reach the appropriate level of functioning

Family/Child Relationships: Describe family interactions, dynamics:

- The relationship of the abuser to the child
- How the relationship has been influenced by the abuse
- The relationship of the child to non-abusing family member(s)
- Boundaries which have been broken within the family
- The capacity of the parent(s) to emotionally and/or physically protect the child from future abuse
- The capacity of the parent(s) to learn appropriate boundaries and to provide a sexually and/or physically safe environment for the child
- Protection issues relative to each family member (including siblings), remaining or not remaining in the home

Alcohol/Drug History - (Identify Child and/or Parents): Indicate yes or unsure, describe situation, and recommend to have person evaluated elsewhere, if alcohol or drug problems are suspected.

Occupational History: For adults and adolescents, as appropriate.

Brief Mental Status

Guidelines_for_Clinical_Assessment

§ Guidelines for Clinical Assessment

Current Situation: Diagnostic Formulation.

Treatment Recommendations: Not to include names of specific programs

- Discuss the need for a developmentally sequenced model of treatment.

\$ Addendum V: Guidelines for Counseling Reports

Addendum to Policy 700.0010: Mental Health Evaluation and Counseling Services

The following are minimally accepted guidelines for reporting to DCYF regarding counseling for DCYF-referred clients.

Progress Reports - During the course of on-going pre-authorized counseling, primary service worker requests monthly updates unless there is an agreement approved by the Unit Administrator for less frequent communication.

Request for Re-authorization/Report - Request for authorization for renewal of counseling is initiated by provider in writing and must be received at least two (2) weeks prior to completion of originally-authorized sessions. A behaviorally specific report should include at a minimum: treatment goals for the period which is nearing completion, assessment of attainment of goals or service objectives (client motivation and commitment to engage with therapist and work toward achievement of goal(s) and objective(s)), what interventions were used, what obstacles were faced, how obstacles were overcome, proposed changed strategy when obstacles were not overcome, current situation, prognostic opinion (to include estimated duration of treatment), new or continued goals or service objectives.

Discharge Summary - Written report must be received by the primary service worker within thirty (30) days of discharge. Report should include at a minimum: significant findings including final primary and secondary diagnoses; general observations about the client's condition initially, during treatment and at discharge; whether the discharge was planned or unplanned and, if unplanned, the circumstances; assessment of attainment of the service objectives; documentation of referral to other appropriate program or agency.

Guidelines_for_Counseling_Reports

\$ Guidelines for Counseling Reports